

**AMENDMENT TO AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND  
BARTIG, BASLER & RAY, A PROFESSIONAL CORPORATION**

THIS AMENDMENT TO THE AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and BARTIG, BASLER & RAY, a Professional Corporation, hereinafter called "Contractor";

**W I T N E S S E T H:**

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an Agreement for professional technical consultation services on January 4, 2005, for an estimated 845 hours of work during the seven-month period ending July 31, 2005, or until completion of work described in Schedule A to the Agreement, for an amount not to exceed \$135,000; and

WHEREAS, the parties wish to amend the Agreement to extend the time period for completing the original services without additional cost, and to incorporate the provisions of a new County ordinance;

**NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO  
AS FOLLOWS:**

1. Section 13 is amended to extend the term through June 30, 2006, or until completion; and
2. Section 14 is added to the Agreement to read as follows:

**Compliance with Contractor Employee Jury Service Ordinance**

Contractor shall comply with the County Ordinance with respect to provision of jury duty pay to employees and have and adhere to a written policy that provides that its employees shall receive from the contractor, on an annual basis, no less than five days of regular pay for actual jury service in San Mateo County. The policy may provide that employees deposit any fees received for such jury service with the contractor or that the contractor deduct from the employees regular pay the fees received for jury service.

4. **All other terms and conditions of the agreement dated January 4, 2005 between County and Contractor shall remain in full force and effect.**

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

BARTIG, BASLER & RAY, PC  
a Professional Corporation

COUNTY OF SAN MATEO

By: \_\_\_\_\_  
Roseanne Lopez  
Partner

By: \_\_\_\_\_  
Jerry Hill, President  
Board of Supervisors, San Mateo County

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID SE  
BARTI-1

DATE (MM/DD/YYYY)  
07/18/05

**PRODUCER**  
Valley Oaks Insurance  
CA DOI Lic #0724045  
1508 Eureka Road, Suite 190  
Roseville CA 95661  
Phone: 916-960-1400 Fax: 916-960-1404

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURED**  
  
Bartig Basler & Ray Inc.  
1520 Eureka Road #100  
Roseville CA 95661

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	ITT Hartford Insurance Group	22357
INSURER B:	National Liability & Fire	
INSURER C:		
INSURER D:		
INSURER E:		

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A X	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>	57SBAXH7292	03/15/05	03/15/06	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	<b>AUTOMOBILE LIABILITY</b> ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	57SBAXH7292	03/15/05	03/15/06	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b> OCCUR CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	01-0000534286	07/16/05	07/16/06	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 SS0008 Attached adding County of San Mateo as additional insured as respects General Liability \*\*10 day notice of cancellation for non-payment of premium\*\*

## CERTIFICATE HOLDER

AAAAAAA  
 County of San Mateo  
 Attn: Willy Padilla  
 555 County Center, 3rd Floor  
 Redwood City CA 94063

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Collyer*

**CONTRACT INSURANCE APPROVAL**

DATE: January 24, 2006  
TO: Steve Rossi FAX: 363-4864 PONY: EPS 163  
FROM: Assessor / Kate Bach  
PHONE: 5318 (new/Elections Ofc) FAX: 5348 PONY:

**The following is to be completed by the department before submission to Risk Management:**

CONTRACTOR NAME: Bartig, Basler & Ray, PC (see www.bbr.net)

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES?  
Yes

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR:  
Approximately 40

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY:  
Technology project consultation services

**The following will be completed by Risk Management:**

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	1mil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	1mil	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	Statutory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS:

*[Handwritten Signature]*

Risk Management Signature

*1/25/06*

Date

## COUNTY OF SAN MATEO

## Equal Benefits Compliance Declaration Form

**I Vendor Identification**

Name of Contractor: Bartig, Basler & Ray  
 Contact Person: Roseanne Lopez  
 Address: 1520 Eureka Road, Suite 100  
Roseville, CA 95661  
 Phone Number: (916) 784-7800  
 Fax Number: (916) 784-7850

**II Employees**

Does the Contractor have any employees?  Yes  No

Does the Contractor provide benefits to spouses of employees?  Yes  No

\*If the answer to one or both of the above is no, please skip to Section IV.\*

**III Equal Benefits Compliance (Check one)**

- Yes, the Contractor complies by offering equal benefits, as defined by Chapter 2.93, to its employees with spouses and its employees with domestic partners.  
 Yes, the Contractor complies by offering a cash equivalent payment to eligible employees in lieu of equal benefits.  
 No, the Contractor does not comply.  
 The Contractor is under a collective bargaining agreement which began on \_\_\_\_\_ (date) and expires on \_\_\_\_\_ (date).

**IV Declaration**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Roseanne M. Lopez  
 Signature

Roseanne M. Lopez  
 Name (Please Print)

Shareholder  
 Title

11/18/04  
 Date